

<b>CLAIMS ONLY</b>		Application Number <div style="font-size: 1.5em; font-weight: bold;">10/651118</div>	Filing Date.
		Applicant(s)	

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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10/651118

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